

FFoT Volunteer Registration Form

Contact Details

Name: _____

Phone numbers:

Home: _____ Mobile: _____

Email: _____

Address: _____

Postcode: _____

Emergency Contact Details:

Name: _____ Phone: _____

Volunteer Role

Which Volunteer Role(s) are you interested in?

Event Preparation:

Planning Team Member Other : _____

Event Day Roles:

Marshal Programme Distributor Steward

Any Not sure

Event Day Availability:

Do you have any previous experience or relevant certificates, eg first aid?

Morning
 Afternoon

Full Day

Do you have any particular needs (e.g. medical) that we should be aware of, in order to support your volunteering with us?

Signed: _____

Date: _____

Thank you

Fleetwood Festival of Transport

All details are held in strictest confidence. We hold personal information on paper and in electronic form, so that we can contact our registered organisations and individuals as needed. This data is processed and held in compliance with the General Data Protection Regulation. Please consult the Regulation for details of your rights to access this data.

Contact Dave Carlos for more info: tramsundayhelp@gmail.com